

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J:h		11/1/99
O.I.P.E. CLASSIFIER		8	11-5-99
FORMALITY REVIEW	D+B	20014	11/16/99

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
≡	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Final	Original	Date
1	0	0	7
2	0	0	8
3	0	0	4
4	0	0	11
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Claim		Date
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Claim		Date
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**If more than 150 claims or 10 actions
staple additional sheet h re**

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